

CONTRACT #3
RFS # 318.66-022

**Department of Finance &
Administration/Bureau of
TennCare**

VENDOR:
**Premier Behavioral Health
Systems of Tennessee, LLC**



**STATE OF TENNESSEE
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243**

August 4, 2005

**Mr. Jim White, Director
Fiscal Review Committee
8th Floor, Rachel Jackson Bldg.
Nashville, TN 37243**

Attention: Leni Chick

RE: Bureau of TennCare Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee the following Behavioral Health Organization amendments. These amendments will establish payment rates for the remainder of Fiscal Year '06. These rates are based on data received from the actuarial with whom TennCare has contracted to establish BHO and MCO capitation rates. All three of these behavioral health amendments reflect reduction of the maximum liability for the fiscal year.

Tennessee Behavioral Health, Inc. Middle & West Tennessee	FA-01-14551-12
Tennessee Behavioral Health, Inc. East Tennessee Grand Region	FA-05-16089-03
Premier Behavioral Health System Of Tennessee, LLC	FA-01-14662-13

We would greatly appreciate the consideration and approval of these amendments by the Fiscal Review Committee.

Sincerely,

**J. D. Hickey
Deputy Commissioner**

**Cc: Keith Gaither
Alma Chilton**

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required.
A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT
CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-022		
STATE AGENCY NAME :	Department of Finance and Administration Bureau of TennCare		
SERVICE CAPTION :	Behavioral Health Organizations Providing Medically Necessary Behavioral Services to the TennCare/Medicaid Population		
CONTRACT #	FA-01-14662-00	PROPOSED AMENDMENT #	13
CONTRACTOR :	Premier Behavioral Health Systems of Tennessee, LLC		
CONTRACT START DATE :	01/01/2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	06/30/2006		
CURRENT MAXIMUM LIABILITY :	\$1,412,149,710.00		
LATEST POSSIBLE END DATE <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	06/30/2006		
TOTAL MAXIMUM COST <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	\$1,402,499,234.00		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			
This amendment establishes payments rates provided by actuarial contractor that will continue through FY '06.			
(2) explanation of need for the proposed amendment :			

This amendment is needed in order to establish payment mechanisms for period FY '06 in order to continue behavioral health services for TennCare enrollees. This amendment results in a reduction of funding for FY '06.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

Dr. Russ Petrella, Chief Operating Officer
Magellan Behavioral Health
199 Pomeroy Road, 3rd Floor
Parsippany, New Jersey 07054

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

This contract for Behavioral Health Services for the State has been in effect since 2001. This amendment to the existing contract will ensure that services to recipients will continue without interruption and that payment rates are established for period to continue throughout FY '06.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The approval of this amendment by F&A will ensure the best interests of TennCare enrollees will be served. Based on the network of providers that Premier Behavioral Health Systems currently has, TennCare is confident that the modifications of this agreement will prevent any disruption of services to enrollees.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE DATE:

CONTRACT SUMMARY SHEET

RFS Number:	318.66-022		Contract Number:	FA 01-14662-13		
State Agency:	Department of Finance and Administration		Division:	TennCare		
Contractor:			Contractor Identification Number:			
Premier Behavioral Health Systems of Tennessee, LLC			X	V-	621641638-00	
				C-		
Service Description:						
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population						
Contract Begin Date:			Contract End Date:			
1/1/2001			6/30/2006			
Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
318.66	131	134	11	on STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount include ALL amendments	
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00	
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00	
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00	
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00	
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00	
2006	\$97,758,088.00	\$179,255,480.00			\$277,013,568.00	
Total:	\$501,404,639.00	\$901,094,595.00	\$0.00	\$0.00	\$1,402,499,234.00	
CFDA Number:	93.778 Secretary of Health and Human Services		Check the box (below) ONLY if the answer is YES			
State Fiscal Contact:			Is the Contractor a SUBRECIPIENT? (per OMB A-133)			
Name: Scott Pierce			Is the Contractor a VENDOR? (per OMB A-133)			
Address: 310 Great Circle Road			Is the Fiscal Year Funding STRICTLY LIMITED?			
Phone: 615-507-6415			Is the Contractor on STARS?			
Procuring Agency/Budget Officer Signature			Is the Contractor's FORM W-9 ATTACHED?			
			Is the Contractor's Form W-9 Filed with Accounts?			
			Funding Certification			
			Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			
COMPLETE FOR ALL AMENDMENTS (only)						
Base Contract & Prior Amendments		This Amendment ONLY				
End Date >	6/30/2006					
FY	2001	\$93,648,700.00				
FY	2002	\$203,898,435.00				
FY	2003	\$255,489,800.00				
FY	2004	\$285,784,687.00				
FY	2005	\$286,664,044.00				
FY	2006	\$286,664,044.00	-\$9,650,476.00			
Totals:		\$1,412,149,710.00	-\$9,650,476.00			

**AMENDMENT NUMBER 13
To Contract Number FA-01-14662-00**

PROVIDER RISK CONTRACT

BETWEEN

**THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

AND

PREMIER BEHAVIORAL SYSTEMS OF TENNESSEE, LLC.

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Premier Behavioral Systems, LLC hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language. The changes in this amendment shall become effective, unless stated otherwise in this document, on August 1, 2005.

1. Section 4.7.1 shall be amended by adding the following language

For the period of July 1, 2005 through June 30, 2006, the maximum liability of the State for the TennCare Partners Program in the Middle and West Tennessee grand regions shall be Two hundred Seventy-Seven Million, Thirteen Thousand Five Hundred Sixty-Eight Dollars (\$277,013,568.00).

2. Section 4.7.2.1 shall be amended by deleting in its entirety and replacing with the following:

For the period August 1, 2005 through June 30, 2006, the monthly capitation payment to be paid to the contractor shall be based on the following rates:

Table 2: Rates

PAYMENT RATE CATEGORY	PER MEMBER/ PER MONTH RATE
Priority Population age 0-12	\$200.74
Priority Population age 13-17	\$352.67
Priority Population age 18 and above	\$305.38
Non-Priority Population age 0-12	\$3.62
Non-Priority Population age 13-17	\$18.43
Non-Priority Population age 18 and above	\$9.36

These rates include the nine- percent (9%) administrative fees and the two- percent (2%) premium taxes.

All of the provisions of the original CONTRACT not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by there duly authorized representatives set their signature.

Russell C. Petrella, Ph.D.
Vice President
Premier Holdings, Inc. Managing Member

DATE

TENNESSEE DEPARTMENT OF MENTAL
HEALTH AND DEVELOPMENTAL DISABILITIES

Virginia Trotter Betts, MSN, JD, RN, FAAN
Commissioner

DATE

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr.
Commissioner

DATE

APPROVED:

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr.
Commissioner

DATE

COMPTROLLER OF TREASURY:

John G. Morgan
Comptroller of Treasury

DATE

CONTRACT SUMMARY SHEET

RFS Number:	318.66-022	Contract Number:	FA 01-14662-12				
State/Agency:	Department of Finance and Administration	Division:	TennCare				
Contractor:		Contractor Identification Number:					
Premier Behavioral Health Systems of Tennessee, LLC		<table border="1"> <tr> <td>X</td> <td>V-</td> </tr> <tr> <td></td> <td>C-</td> </tr> </table>	X	V-		C-	621641638-00
X	V-						
	C-						

Service Description:
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:	Contract End Date:
1/1/2001	6/30/2006

Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
2006	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
Total	\$504,810,295.00	\$907,339,415.00	\$0.00	\$0.00	\$1,412,149,710.00

CFDA Number:	93.778 Secretary of Health and Human Services	Check the box (below) ONLY if the answer is YES	
State/Fiscal Contact:		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)		
Base Contract & Prior Amendments	This Amendment ONLY	
End Date >	12/31/2005	6/30/2006

FY	Base Contract & Prior Amendments	This Amendment ONLY
2001	\$93,648,700.00	
2002	\$203,898,435.00	
2003	\$255,489,800.00	
2004	\$285,784,687.00	
2005	\$286,664,044.00	
2006		\$286,664,044.00
Totals	\$1,125,485,666.00	\$286,664,044.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RFS Number	318.66-022	Contract Number	FA 01-14662-11
State Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Premier Behavioral Health Systems of Tennessee, LLC		X	V-
			C-
		621641638-00	

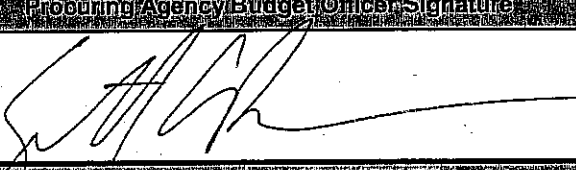
Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	12/31/2005

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
Total	\$403,646,551.00	\$721,839,115.00	\$0.00	\$0.00	\$1,125,485,666.00

CFDA Number	93.778 Secretary of Health and Human Services	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address	729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone	615-532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)		
End Date >	Base Contract Prior Amendments	This Amendment ONLY
12/31/2005		
FY 2001	\$93,648,700.00	
FY 2002	\$203,898,435.00	
FY 2003	\$255,489,800.00	
FY 2004	\$285,784,687.00	
FY 2005	\$281,118,092.00	\$5,545,952.00
Totals:	\$1,119,939,714.00	\$5,545,952.00

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CONTRACT SUMMARY SHEET

RFS Number	318.66-022	Contract Number	FA 01-14662-10
State Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Premier Behavioral Health Systems of Tennessee, LLC		X	V-
			C-
		621641638-00	

Service Description

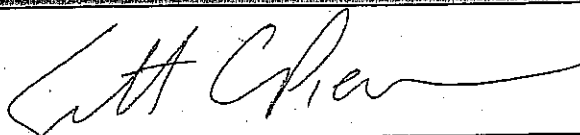
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	12/31/2005

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
2005	\$99,213,603.00	\$181,904,489.00			\$281,118,092.00
Total	\$401,696,410.00	\$718,243,304.00	\$0.00	\$0.00	\$1,119,939,714.00

CFDA Number	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name: Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 615-532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?	
	Is the Contractor's Form W-9 Filed with Accounts?	



COMPLETE FOR ALL AMENDMENTS (only)

End Date	Base Contract & Prior Amendments	This Amendment ONLY
6/30/2004	6/30/2005	
FY 2001	\$93,648,700.00	
FY 2002	\$203,898,435.00	
FY 2003	\$255,489,800.00	
FY 2004	\$285,784,687.00	
FY 2005		\$281,118,092.00
Totals	\$838,821,622.00	\$281,118,092.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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2004 SEP 29 PM 1:18
MANAGEMENT
OFFICE OF
SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-022	Contract Number:	FA 01-14662-09
State/Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Premier Behavioral Health Systems of Tennessee, LLC		X	V-
		C-	621641638-00

Service Description:
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date: 1/1/2001 **Contract End Date:** 6/30/2004

Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
					\$0.00
					\$0.00
Total:	\$302,482,807.00	\$536,338,815.00	\$0.00	\$0.00	\$838,821,622.00

CFDA Number:		Check the box (below) ONLY if the answer is YES:
State Fiscal Contact:		Is the Contractor a SUBRECIPIENT? (per OMB A-133) X
Name: Scott Pierce		Is the Contractor a VENDOR? (per OMB A-133)
Address: 729 Church Street Nashville, TN		Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: 615-532-1362		Is the Contractor on STARS?
Procuring Agency Budget Officer Signature:		Is the Contractor's FORM W-9 ATTACHED?
		Is the Contractor's Form W-9 Filed with Accounts?

Scott Pierce

Funding Certification
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
End Date:	6/30/2004	
FY 2001	\$93,648,700.00	
FY 2002	\$203,898,435.00	
FY 2003	\$255,489,800.00	
FY 2004	\$285,784,687.00	
FY 2005		
FY		

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COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-022	Contract Number:	FA 01-14662-08
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Premier Behavioral Health Systems of Tennessee, LLC		X	V-
			C-
		621641638-00	

Service Description:
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:	Contract End Date:
1/1/2001	6/30/2004

Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include All Amendments
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
					\$0.00
					\$0.00
Total	\$302,482,807.00	\$536,338,815.00	\$0.00	\$0.00	\$838,821,622.00

GFDA Number:	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact:	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name: Dean Daniel	Is the Contractor a VENDOR? (per OMB A-133)	
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 615-532-1362	Is the Contractor on STARS?	
Procuring Agency/Budget Officer Signature:	Is the Contractor's FORM W-9 ATTACHED?	
	Is the Contractor's Form W-9 Filed with Accounts?	

Dean Daniel 2/27/04


COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	3 12/31/2003	6/30/2004
FY 2001	\$93,648,700.00	
FY 2002	\$203,898,435.00	
FY 2003	\$255,489,800.00	
FY 2004	\$214,338,515.00	\$71,446,172.00
FY		
FY		

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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CONTRACT SUMMARY SHEET

RFS Number	318.66-022		Contract Number		FA 01-14662-07	
State Agency	Department of Finance and Administration		Division		TennCare	
Contractor			Contractor Identification Number			
Premier Behavioral Health Systems of Tennessee, LLC			X	V-	621641638-00	
				C-		
Service Description						
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population						
Contract Begin Date			Contract End Date			
1/1/2001			3/31/2004			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)	
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00	
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00	
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00	
2004	\$76,202,700.00	\$138,135,815.00			\$214,338,515.00	
					\$0.00	
					\$0.00	
Total:	\$277,081,906.00	\$490,293,544.00	\$0.00	\$0.00	\$767,375,450.00	
CFDA Number			Check the box (below) ONLY if the answer is YES			
State Fiscal Contact			Is the Contractor a SUBRECIPIENT? (per OMB A-133)			X
Name:	Dean Daniel		Is the Contractor a VENDOR? (per OMB A-133)			
Address:	729 Church Street Nashville, TN		Is the Fiscal Year Funding STRICTLY LIMITED?			
Phone:	615-532-1362		Is the Contractor on STARS?			
Procuring Agency Budget Officer Signature			Is the Contractor's FORM W-9 ATTACHED?			
			Is the Contractor's Form W-9 Filed with Accounts?			
COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification			
			Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			
	Base Contract & Prior Amendments	This Amendment ONLY				
End Date >	12/31/2003	3/31/2004				
FY	2001	\$93,648,700.00				
FY	2002	\$203,898,435.00				
FY	2003	\$255,489,800.00				
FY	2004	\$142,892,343.00	\$71,446,172.00			
FY						
FY						
Totals:	\$695,929,278.00	\$71,446,172.00				

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2004 JUN -8 AM 11:29
OFFICE OF
HUMAN SERVICES

CONTRACT SUMMARY SHEET

Contract Number	318.66.022	Contract Number	FA-01-14662-06
Contract Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor	Contractor Identification Number		
Premier Behavioral Health Systems of Tennessee, LLC	X	V-	621641638 00
		C-	

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date				Contract End Date			
1/1/2001				12/31/2003			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	131	134	11	on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)		
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00		
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00		
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00		
2004	\$92,090,543.00	\$50,801,800.00			\$142,892,343.00		
					\$0.00		
					\$0.00		
Total	\$292,969,749.00	\$402,959,529.00	\$0.00	\$0.00	\$695,929,278.00		

FDA Number	93.778	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB/A-133)	x
Name: Dean Daniel		Is the Contractor a VENDOR? (per OMB/A-133)	
Address: 729 Church Street, Nashville, TN		Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: (615)532-1362		Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

Dean Daniel

12/2/03

COMPLETE FOR ALL AMENDMENTS (only)			
	Base Contract & Prior Amendments	This Amendment ONLY	
End Date >	12/31/2003		
FY	2001	\$93,648,700.00	
FY	2002	\$203,898,435.00	
FY	2003	\$255,489,800.00	
FY	2004	\$127,744,900.00	\$15,147,443.00
FY			
FY			
Totals:	\$680,781,835.00	\$15,147,443.00	

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

Contract Number:	FA-01-14882-05
Contract Number:	318.68-022
State Agency:	Department of Finance and Administration
Division:	Bureau of TennCare
Contractor:	Contractor Identification Number
Primer Behavioral Health Systems of Tennessee, LLC	821641638 00
<input checked="" type="checkbox"/> V-	
<input type="checkbox"/> C-	

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
01/01/2001	12/31/2003

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.68	131	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$45,418,500.00	\$82,328,400.00			\$127,744,900.00
Total:	\$246,295,706.00	\$434,466,129.00			\$680,761,835.00

CFDA # 93.778

State Fiscal Contact

Name: Dean Daniel
Address: 729 Church Street
Phone: Nashville, TN (615) 532-1362

Procuring Agency Budget Officer Approval Signature

Dean Daniel



Check the box ONLY if the answer is YES:

Is the Contractor a SUBRECIPIENT? (per OMB A-133)	<input checked="" type="checkbox"/>
Is the Contractor a VENDOR? (per OMB A-133)	<input type="checkbox"/>
Is the Fiscal Year Funding STRICTLY LIMITED?	<input type="checkbox"/>
Is the Contractor on STARS?	<input type="checkbox"/>
Is the Contractor's FORM W-9 ATTACHED?	<input type="checkbox"/>
Is the Contractor's Form W-9 Filed with Accounts?	<input type="checkbox"/>

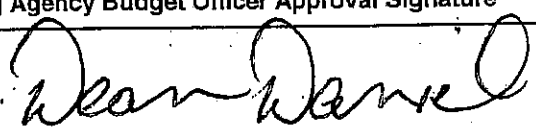
Funding Certification

Pursuant to T.C.A., Section 9-5-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)

END DATE →	Base Contract & Prior Amendments	This Amendment ONLY
FY: 2001	\$93,648,700.00	
FY: 2002	\$203,898,435.00	
FY: 2003	\$255,489,800.00	
FY: 2004		\$127,744,900
FY:		
Total:	\$553,036,935.00	\$127,744,900

C O N T R A C T S U M M A R Y S H E E T

RFS Number: 318.66-022		Contract Number: FA-01-14662-04	
State Agency: Department of Finance and Administration		Division: Bureau of TennCare	
Contractor		Contractor Identification Number	
Premier Behavioral Health Systems of Tennessee, LLC		<input checked="checked" type="checkbox"/> V- <input type="checkbox"/> C-	621641638 00
Service Description			
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare/Medicaid Population			
Contract Begin Date		Contract End Date	
01/01/2001		06/30/2003	
Allotment Code	Cost Center	Object Code	Fund
318.66	131	134	11
		<input type="checkbox"/> on STARS	
FY	State Funds	Federal Funds	Total Contract Amount (including ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00	\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00	\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00	\$255,489,800.00
Total:	\$200,879,206.00	\$352,157,729.00	\$553,036,935.00
CFDA # 93.778		Check the box ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	<input checked="checked" type="checkbox"/> X
Name: Dean Daniel Address: 729 Church Street Phone: Nashville, TN (615) 532-1362		Is the Contractor a VENDOR? (per OMB A-133)	<input type="checkbox"/>
		Is the Fiscal Year Funding STRICTLY LIMITED?	<input type="checkbox"/>
		Is the Contractor on STARS?	<input type="checkbox"/>
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	<input type="checkbox"/>
Dean Daniel 		Is the Contractors Form W-9 Filed with Accounts?	<input type="checkbox"/>
COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE →	06/30/2003		
FY: 2001	\$93,648,700.00		
FY: 2002	\$203,898,435.00		
FY: 2003	\$255,489,800.00		
FY:			
FY:			
Total:	\$553,036,935.00		

CONTRACT SUMMARY SHEET

RFS Number: 318.66-022		Contract Number: FA-01-14662-03	
State Agency: Department of Finance and Administration		Division: Bureau of TennCare	
Contractor		Contractor Identification Number	
Premier Behavioral Health Systems of Tennessee, LLC		<input checked="" type="checkbox"/> V- 621641638 00 <input type="checkbox"/> C-	
Service Description			
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare/Medicaid Population			
Contract Begin Date		Contract End Date	
01/01/2001		06/30/2003	
Allotment Code	Cost Center	Object Code	Fund
318.66	131	134	11
		<input type="checkbox"/> on STARS	
FY	State Funds	Federal Funds	Total Contract Amount (including ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00	\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00	\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00	\$255,489,800.00
Total:	\$200,879,206.00	\$352,157,729.00	\$553,036,935.00
CFDA #	93.778		
Check the box ONLY if the answer is YES:			
State Fiscal Contact			Is the Contractor a SUBRECIPIENT? (per OMB A-133) <input checked="" type="checkbox"/>
Name: Dean Daniel			Is the Contractor a VENDOR? (per OMB A-133)
Address: 729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: Nashville, TN (615) 532-1362			
Procuring Agency Budget Officer Approval Signature			Is the Contractor on STARS?
Dean Daniel <i>Dean Daniel</i>			Is the Contractor's FORM W-9 ATTACHED?
			Is the Contractors Form W-9 Filed with Accounts?
COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE →	06/30/2003		
FY: 2001	\$93,648,700.00		
FY: 2002	\$203,898,435.00		
FY: 2003	\$203,800,935.00	\$51,688,865	
FY:			
FY:			
Total:	\$501,348,070.00	\$51,688,865	

DIVISION OF
 ACCOUNTS
 TEL 532-1362

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 MANAGEMENT SERVICES

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CONTRACT SUMMARY SHEET

Contract Number	FA-01-14662-02	State Agency	Department of Finance and Administration
RFS Number	318.66-022	Division	Bureau of TennCare

Contractor	Vendor ID Number
Premier Behavioral Health Systems of Tennessee, LLC	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> V <input type="checkbox"/> C </div> <div>621641638 00</div> </div>

Service Description
Behavioral Health Organization Services/Medically necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
January 1, 2001	June 30, 2003

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	139	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$74,025,594.00	\$129,775,341.00			\$203,800,935.00
Total	\$182,104,500.00	\$319,243,570.00			\$501,348,070.00

<input type="checkbox"/>	Fiscal Year Funding Is Strictly Limited	CFDA Number	93.778
<input type="checkbox"/>	Contractor Is on STARS	State Fiscal Contact	
<input type="checkbox"/>	Current Form W-9 On File With Accounts OR Form W-9 Attached	Name Address Phone	Dean Daniel 729 Church Street, Nashville, TN (615)532-1362
<input type="checkbox"/>	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature	
<input checked="" type="checkbox"/>	Contractor Is a SUBRECIPIENT (as defined by OMB Circular A-133)	Dean Daniel 10/15/01	

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
Contract End Date	06/30/03	06/30/03
FY 2001	\$93,648,700.00	
FY 2002	\$203,800,935.00	\$97,500.00
FY 2003	\$203,800,935.00	
Total	\$501,250,570.00	\$97,500.00

Funding Certification
Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

OCR Use Only
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CONTRACT SUMMARY SHEET

Contract Number: FA-01-14662-01		State Agency: Tennessee Department of Finance and Administration Department of Mental Health and Developmental Disabilities	
RFS Number: 318.66-022		Division: 318.66	
Contractor: Premier Behavioral Health Systems of Tennessee, LLC.		Vendor ID Number: 621641838-00	
Service Description: Behavioral Health Organization Services/Medically necessary Behavioral Services to the TennCare/Medicaid Population			
Contract Begin Date: January 1, 2001		Contract End Date: June 30, 2003	
Allotment Code: 318.66	Cost Center: 139	Object Code: 134	Fund: 11
		<input type="checkbox"/> on STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds
2001	\$34,017,900	\$59,630,800	
2002	\$74,025,584	\$129,775,341	
2003	\$74,025,584	\$129,775,341	
Total		\$501,250,670	

<input type="checkbox"/>	Fiscal Year Funding is Strictly Limited	CFDA Number: 93.778
<input type="checkbox"/>	Contractor is on STARS	State Fiscal Contact:
<input type="checkbox"/>	Current Form W-9 On File With Accounts OR Form W-9 Attached	Name: Dean Daniel Address: 728 Church Street, Nashville TN 37247-6601 Phone: (615) 532-1362
<input type="checkbox"/>	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature:
<input checked="" type="checkbox"/>	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)	<i>[Signature]</i>

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A. Section 9-8-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred
Contract End Date:	December 31, 2001	June 30, 2003	
FY 2001	\$93,648,700	\$0	
FY 2002	\$93,648,700	\$110,152,235	
FY 2003		\$203,800,935	
FY			
Total	\$187,297,400	\$313,853,170	OCR: Use Only

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C O N T R A C T S U M M A R Y S H E E T

Contract Number FA-01-14662 ⁻⁰⁰	State Agency Tennessee Department of Finance and Administration Department of Mental Health and Developmental Disabilities
FS Number 318.66-022	Division 318.66

Contractor Premier Behavioral Health Systems of Tennessee, L.L.C.	Vendor ID Number 621641638-00
---	---

<input checked="" type="checkbox"/> V <input type="checkbox"/> C	Service Description Behavioral Health Organization Services/Medically necessary Behavioral Services to the TennCare/Medicaid Population
---	---

Contract Begin Date January 1, 2001	Contract End Date December 31, 2001
---	---

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	139	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$34,017,900	\$59,630,800			\$93,648,700
2002	\$34,017,900	\$59,630,800			\$93,648,700
Total	\$68,035,800	\$119,261,600			\$187,297,400

<input type="checkbox"/>	Fiscal Year Funding Is Strictly Limited	CFDA Number	93.778
<input type="checkbox"/>	Contractor is on STARS	State Fiscal Contact	
<input type="checkbox"/>	Current Form W-9 On File With Accounts	Name	Dean Daniel
<input type="checkbox"/>	OR Form W-9 Attached	Address	729 Church Street, Nashville TN 37247-6501
<input type="checkbox"/>		Phone	(615) 532-1362
<input type="checkbox"/>	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature	
<input checked="" type="checkbox"/>	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)		

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
Contract End Date		
FY		
FY		
FY		
FY		
FY		
Total		

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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